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BIBDATASHEET**CONFIRMATION NO. 6124**

Bib Data Sheet

SERIAL NUMBER 09/503,122	FILING DATE 02/14/2000 RULE	CLASS 194	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. WH-10752US
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APPLICANTS

Leon Saltsov, Ontario, CANADA;

Gennadiy Gaponyuk, Ontario, CANADA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/07/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

AIR MAIL

Dennison Associates
133 Richmond Street West Suite 301
Toronto , ON
M5H2L7
CANADA

TITLE

Validator with removable flash memory

FILING FEE RECEIVED 387	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

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 Washington, D.C. 20231

SERIAL NUMBER 09/503,122	FILING DATE 02/14/2000 RULE -	CLASS 711	GROUP ART UNIT 2759	ATTORNEY DOCKET NO. WH-10752US
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APPLICANTS
 Leon Saltsov, Ontario, CANADA;
 Gennadiy Gaponyuk, Ontario, CANADA;

**** CONTINUING DATA ******* *none* *JD 7-14-01*

**** FOREIGN APPLICATIONS ******* *none* *JD 7-14-01*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 04/07/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *JD*
 Examiner's Signature Initials

ADDRESS
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 133 Richmond Street West Suite 301
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 CANADA

TITLE
 Validator with removable flash memory

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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